



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1107591
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 35246

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/4/12		Thomas # 7	SW 30	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Vernon Thomas			481	Casey	✓ Safety Meeting	
MAILING ADDRESS			6666	Carlton	✓	
17685 Edgerton Rd			510	Bredman	✓	
CITY	STATE	ZIP CODE	369	Dermas	✓	
Edgerton	KS	66021				

JOB TYPE Surface HOLE SIZE 9 1/2" HOLE DEPTH 71' CASING SIZE & WEIGHT 7"
 CASING DEPTH 66' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 4'
 DISPLACEMENT 2.6 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 34 sks
50/50 Pozmix cement w/ 2% gel per sk, cement to surface, displaced
cement w/ 2.6 bbls fresh water, shut in casing.

Handwritten initials/signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE		
5400	30 mi	MILEAGE		825.00
5402	66'	casing footage		120.00
5407	minimum	ton mileage		
5502 C	2 hrs	80 Vac		350.00
				180.00
1124	34 sks	50/50 Pozmix cement		372.30
1118B	57 #	Premium Gel		11.97
		<i>paid 12/6/12</i>		
		SCANNED		

7.525% SALES TAX ESTIMATED 28.92

TOTAL

Handwritten signature

DATE

AUTHORIZATION No Co Rep on location

TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 38987

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/6/12		Thomas # 7	30	14	22	JO
CUSTOMER Vernon Thomas			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 17685 Edgerton Rd			506	Fred Mad		
CITY Edgerton			495	Har Ber		
STATE KS			369	Der Mas		
ZIP CODE 66021			558	Bra Man		

JOB TYPE Plug HOLE SIZE 5 7/8 HOLE DEPTH 920' CASING SIZE & WEIGHT N/A
 CASING DEPTH N/A DRILL PIPE 1" TUBING to TD OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING Full
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1.1 1/2 BBL/min

REMARKS: Rig run 1" tubing to TD. Spot 10 sks cement (50')
 pull tubing to 490'. Spot 10 sks cement (50')
 pull tubing to 350'. Fill to surface. Pull remaining
 1" tubing. Top off well. Wash out tubing.
 Total 70 sks 50/50 Por Mix Cement 6% Gel

TOS Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE Plug to Abandon	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5407	Minimum	Ton Miles	558	350 ⁰⁰
5502C	2 hr	80 BBL Vac Truck	369	180 ⁰⁰
1124	70 sks	50/50 Por Mix Cement		766 ⁵⁰
1118B	353 #	Premium Gel		74 ¹³
		PAID 12/6/12		
		7.525%	SALES TAX	63 ²⁶
			ESTIMATED TOTAL	2583 ²⁹

SCANNED

Revin 0787

AUTHORIZATION _____ TITLE _____ DATE _____

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